

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

1200 NEW HAMPSHIRE AVE NW

SUITE 750

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		496911.89
(b) Cash on Hand at Beginning of Reporting Period.....	46620.84	
(c) Total Receipts (from Line 19) .....	749.95	1256627.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47370.79	1753539.74
7. Total Disbursements (from Line 31).....	36491.92	1742660.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10878.87	10878.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	35918.99	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	9		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	350.00	1177294.43
(ii) Unitemized .....	205.00	68494.74
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	555.00	1245789.17
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	555.00	1245789.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	194.95	10838.68
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	749.95	1256627.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	749.95	1256627.85

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36456.92	655036.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36456.92	655036.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	1087589.08
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	35.00	35.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	35.00	35.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36491.92	1742660.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36491.92	1742660.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	555.00	1245789.17
34. Total Contribution Refunds (from Line 28(d)) .....	35.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	520.00	1245754.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	36456.92	655036.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	194.95	10838.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	36261.97	644198.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Abuid, Julia, , ,**

Mailing Address P.O. Box 921495

City  
Sylmar

State  
CA

Zip Code  
91392-1495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2016

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harrison, Nancy, , ,**

Mailing Address 29 Olde Paltzer Lane

City  
Appleton

State  
WI

Zip Code  
54913-7114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.9233

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

350.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 947

City  
American ForkState  
UTZip Code  
84003-0947Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.9247**

Amount of Each Disbursement this Period

136.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Wire Transfer fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2016

FEC Identification Number

**C****Transaction ID : SB21B.9244**

Amount of Each Disbursement this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Design 4 Advertising**

Mailing Address 106 N Collins St

City  
Plant CityState  
FLZip Code  
33563Purpose of Disbursement  
Edits on flyer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.9245**

Amount of Each Disbursement this Period

80.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

376.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Fitzgerald, Tami, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
State Director Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.9243**

Amount of Each Disbursement this Period

999.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Greco, Grayson, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Field Director Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.9241**

Amount of Each Disbursement this Period

243.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Headway Workforce Solutions**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 421 Fayetteville St #1020

City  
RaleighState  
NCZip Code  
27601Purpose of Disbursement  
Director Pay

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.9235**

Amount of Each Disbursement this Period

23307.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24550.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Headway Workforce Solutions**

Mailing Address 421 Fayetteville St #1020

City  
RaleighState  
NCZip Code  
27601Purpose of Disbursement  
Payroll fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.9236**

Amount of Each Disbursement this Period

4950.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Headway Workforce Solutions**

Mailing Address 421 Fayetteville St #1020

City  
RaleighState  
NCZip Code  
27601Purpose of Disbursement  
Voter Contact

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.9238**

Amount of Each Disbursement this Period

4117.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hollar, Jeremy, , ,**Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Field Director Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.9242**

Amount of Each Disbursement this Period

404.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9472.56

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2016			

FEC Identification Number

**C****Transaction ID : SB21B.9248**

Amount of Each Disbursement this Period

1220.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2016			

FEC Identification Number

**C****Transaction ID : SB21B.9246**

Amount of Each Disbursement this Period

15.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2016			

FEC Identification Number

**C****Transaction ID : SB21B.9249**

Amount of Each Disbursement this Period

125.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1361.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Kirkman, Jason, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 1200 New Hampshire Ave  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Field Director Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.9240**

Amount of Each Disbursement this Period

36.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Williams, Petrina, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Field Director Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.9239**

Amount of Each Disbursement this Period

658.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

694.76

36456.92

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

To post Thrifty Car Rental Expense put on  
SBA CardMailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

15214.56

2) **TOTALS** This Period (last page this line number only)..... ►

35918.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

35918.99